133/108

## FORM D



## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	OMB APPR	OVAL				
OMB Number: 3235-007						
	Expires:					
	Estimated average burden					
	hours per respons					

SEC USE ONLY					
Prefix	Serial				
DATE RECEIVED					

Name of Offering   C   check if this is an amendment and name has changed, and indicate change			<del>-</del>		
Filing Under (Check boxes) that apply): A Rule 504 Rule 506 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment  A. BASIC IDENTIFICATION DATA  I. Enter the information requested about the issuer Name of Issuer (Check if this is an amendment and name has changed, and indicate change.) Limbo Lounge, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 1484 17th Awe, San Francisco, CA 94122 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 1484 17th Awe, San Francisco, CA 94122 Address of Principal Business Operations (Mumber and Street, City, State, Zip Code) Telephone Number (Including Area Code) 1484 17th Awe, San Francisco, CA 94122 Address of Principal Business Organizations Company is to produce, own and exploit a feature length motion picture currently entitled "Limbo Lounge." Type of Business Organization Corporation Dimited partnership, already formed Dimited partnership, already formed Dimited partnership, to be formed Dimited				e	~
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer (   cheek if this is an amendment and name has changed, and indicate change.)  Immbo Lounge, LLC  Address of Executive Offices  (Number and Street, City, State, Zip Code)  Telephone Number dignerability area Code)  1881 (Thin Ave., San Francisco, CA 94122  Address of Pincipal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number dignerability area Code)  Telephone Number		□ ULOE			
A. BASIC IDENTIFICATION DATA    Inter the information requested about the issuer		0202	950EWED		
Name of Issuer (   check if this is an amendment and name has changed, and indicate change.)  Limbo Lounge, LLC  Address of Executive Offices  (Number and Street, City, State, Zip Code)  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)  Address of Principal Business Operations (if different from Executive Offices)  Brief Description of Business The objective of the company is to produce, own and exploit a feature length motion picture currently entitled "Limbo Lounge."  Type of Business Organization   Imited partnership, already formed   other (please specify) Lumical Label Labe	A. BASIC IDENTIFICATION DATA	13		No.	
Name of Issuer (   check if this is an amendment and name has changed, and indicate change.)  Limbo Lounge, LLC  Address of Executive Offices  (Number and Street, City, State, Zip Code)  Telephone Number and Street City, State, Zip Code)  Telephone Number and Street City, State, Zip Code)  Telephone Number (Including Area Code)  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)  Telephone Number (Including Ar	f. Enter the information requested about the issuer		M 9 9 26	OC   1	
Address of Executive Offices (Number and Street, City, State, Zip Code)  Telephone Number and Street (City, State, Zip Code)  Telephone Number and State (City, State, Zip Code)  Telephone Number and State (City, State, Zip Code)  Telephone Number and State (City, State, Zip Code)  Telephone Numbe	Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)		<del>a so signific</del>		
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Brief Description of Business The objective of the company is to produce, own and exploit a feature length motion picture currently entitled "Limbo Lounge."  Type of Business Organization	<u></u>				
Type of Business Organization   corporation		Telephone	Number (Inch	iding Area Code	e)
Type of Business Organization   limited partnership, already formed   other (please specify): Lumited Labor Holland Labor Hollan	Brief Description of Business			<del></del>	
corporation   business trust   limited partnership, already formed   other (please specify): Cumited Lability   Labilit	The objective of the company is to produce, own and exploit a feature length motion picture of	currently ent	tled "Limbo l	_ounge."	
corporation   business trust   limited partnership, already formed   other (please specify): Cumited Lability   Labilit					
Actual or Estimated Date of Incorporation or Organization: Old Actual Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)  GENERAL INSTRUCTIONS  Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501  Federal:  Who Must File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securiand Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date which it is due, on the date it was mailed by United States registered or certified mail to that address.  Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.  Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must photocopies of the manually signed copy or bear typed or printed signatures.  Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any chart thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix n not be filed with the SEC.  Filing Fee: There is no federal filing fee.  State:  This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopt ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where s are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount s accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to t	Type of Business Organization	lease specify):	الدرو المساورة	النمالة	
Actual or Estimated Date of Incorporation or Organization: On 3	business trust limited partnership, to be formed	icuse specify.	ymuza	- Caberra	4
Actual or Estimated Date of Incorporation or Organization: O3 O3 O4 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)  GENERAL INSTRUCTIONS  Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 etc.  When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securiand Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date which it is due, on the date it was mailed by United States registered or certified mail to that address.  Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.  Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must photocopies of the manually signed copy or bear typed or printed signatures.  Information Required: A new filing must contain all information requested. A mendments need only report the name of the issuer and offering, any chart thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix not be filed with the SEC.  Filing Fee: There is no federal filing fee.  State:  This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopt ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where so are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount s accompany this form. This notice sh			Com	pany	
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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the					

filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ✓ Promoter Executive Officer Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Pankratz, Tom Business or Residence Address (Number and Street, City, State, Zip Code) 1484 17th Ave., San Francisco, CA 94122 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Executive Officer Check Box(es) that Apply: Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer ☐ Director Check Box(es) that Apply: Promoter General and/or П Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Beneficial Owner General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Beneficial Owner ☐ Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Executive Officer

General and/or Managing Partner

☐ Beneficial Owner

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:

Full Name (Last name first, if individual)

B. INFORMATION ABOUT OFFERING													
1.	,						Yes	No 🔀					
2.	Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?								<sub>\$</sub> 5,000.00				
												Yes	No
3.			permit joint									K	
4.	commiss If a pers or states	sion or simi on to be lis s, list the na	ilar remuner ted is an ass	ration for s ociated pe roker or de	solicitation erson or age ealer. If mo	of purchasent of a broker ore than five	ers in conne cer or deale e (5) persor	ection with r registered as to be list	sales of sec d with the S ed are asso	curities in t EC and/or	irectly, any he offering. with a state sons of such		
	Name (Inkratz, T		first, if indi	vidual)									
			Address (N	umber and	1 Street, Ci	ty, State, Z	(ip Code)						
			rancisco, C			.,,,							
Nan	ne of Ass	ociated Br	oker or Dea	ıler									
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		<del></del>				
Stat			" or check							••••	***************************************	☐ Al	l States
	AL	AK	ĀZ	ĀR	C/A	CO	CT	DE	DC	FL	GA	HI	ΙĎ
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (I	Last name	first, if indi	vidual)									
Bus	iness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						
Nan	ne of Ass	ociated Br	oker or Dea	ıler							<del></del>	<del></del>	
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check '	"All States	" or check i	individual	States)			·····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			□ Al	l States
	AL	AK	ΙΑΖ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK)	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV]	WI]	WY	PR]
Full Name (Last name first, if individual)													
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check "All States" or check individual States)							l States					
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV (SD)	NH	NJ	NM	NY	NC VA	ND WA	WV	OK WI	OR WY	PA PR
	RI	SC	SD	TN	TX	UT	VT	VA	WA	[ VY Y		VV I	

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Ι.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	:	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$_35,000.00	<u>\$</u>
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$_35,000.00	\$_0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_4,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	_	\$ 4,000.00

b. Enter the difference between the aggregate of and total expenses furnished in response to Part Coproceeds to the issuer."	- Question 4.a. This difference is	the "adjusted gross	\$
Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to P	any purpose is not known, furnis of the payments listed must equal	h an estimate and	
		Payments to Officers, Directors, & Affiliates	
Salaries and fees			
Purchase of real estate		\$	[ \$
Purchase, rental or leasing and installation of mand equipment	nachinery		\$
Construction or leasing of plant buildings and t	facilities	\$	[ \$
Acquisition of other businesses (including the offering that may be used in exchange for the a issuer pursuant to a merger)	ssets or securities of another		□\$
Repayment of indebtedness			
Working capital			
Other (specify):		<del></del>	_
		<u> </u>	[] \$
Column Totals		\$ 0.00	_ [ \$_0.00
Total Payments Listed (column totals added)			0.00
	D FEDERAL SIGNATUD		
ne issuer has duly caused this notice to be signed by t gnature constitutes an undertaking by the issuer to e information furnished by the issuer to any non-a	he undersigned duly authorized pe furnish to the U.S. Securities and I	rson. If this notice is filed under F Exchange Commission, upon writ	
suer (Print or Type)	Signature	Date	
mbo Lounge, LLC		0	7105
ame of Signer (Print or Type)	Title of Signer (Print or Type	)	
7 00100 - 0	1011-1		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE.		Ę.,
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No <b>K</b>

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Limbo Lounge, LLC		6/17/05
Name (Print or Type)	Title (Print or Type)	
George Rush	Attorney	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.